

10/2005

**Forum for Redressal of Consumer Grievances.**

- 1. Name of the Applicant: - (IN BLOCK LETTERS) : CHOURLE MOHAMMAD RAFEE UMAR
- 2. Consumer No./Application No. : Q 04149578  
~~201, GANGA COMPLEX~~
- 3. Division/Zone : NORTH
- 4. Nature of Complaint (Excess billing, Supplementary bills, Tariff change Vigilance charges) : Excess billing
- 5. Complaint No. & Date. : —
- 6. Disputed Amount. : Amount for 242 Units
- 7. Is the Amount charged U/s 126 of Electricity Act.(i.e for unauthorized use of Electricity Or Theft of Electricity.) : No.
- 8. Date of registering of Complaint with REL and with Name & Designation of the concerned Officer: : 20.01.05,  
The Manager Customer Care Centre Shyamundis(E)
- 9. Action taken up by REL in mitigating the Grievance : Faulty meter is replaced
- 10. Name & Designation of the Officers contacted give details of the discussion and Orders issued: : Mr Patel  
: Customer Care Centre  
: Shyamundis  
: REL refer the details
- 11. Any other matter you like to state regarding grievances redressal by REL. *(In the grievance submitted with application)* (Shyamundis)

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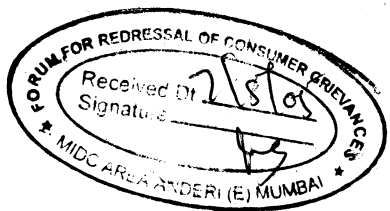
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*(Handwritten Signature)*  
Signature of Applicant.

Schedule A  
APPLICATION FOR REDRESSAL OF GRIEVANCE

Date 07-06-05

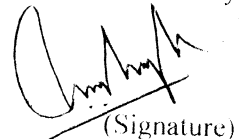
1. NAME OF THE CONSUMER CHOUGLE MOHAMMAD RAFEE UMAR
2. FULL ADDRESS OF THE CONSUMER 201 GANGA COMPLEX, AJURAG  
WING A, OPP POOJA HAGAR,  
PIN CODE 401107 MIRA ROAD (E)  
PHONE NO. / FAX NO 9869253464
3. PARTICULARS OF CONNECTION AND CONSUMER NO.  
(Please state nature of connection)  
Residential - Cons. No. Q04149578
4. DETAILS OF THE GRIEVANCE  
(If space is not sufficient Please enclose separate sheet)  
separate sheet attached.
5. 5. (a) DATE OF ORIGINAL INTIMATION OF GRIEVANCE BY THE CONSUMER TO THE DISTRIBUTION LICENSEE 20-01-2005
6. REMEDY PROVIDED BY THE DISTRIBUTION LICENSEE, IF ANY  
(If remedy has been provided, please enclose relevant communication from the Distribution Licensee)  
suspected faulty meter replaced.
7. NATURE OF RELIEF SOUGHT FROM THE FORUM  
(Please enclose any proof to support claim, if any)  
Refund of amount charged for ~~and~~ 242 units  
in excess.
8. LIST OF DOCUMENTS ENCLOSED  
(Please enclose copies of any relevant documents)  
1) Complaint letter dtd. 20-01-05  
2) - " - " - " - 07.02-05  
3) - " - " - " - 03.03-05  
4) copy of consumer information.  
5) - " - consumption pattern.
9. DECLARATION  
(a) I/ ~~We~~, the Consumer /s herein declare that:
  - (i) the information furnished herein above is true and correct; and
  - (ii) I/ We have not concealed or misrepresented any fact stated in aforesaid columns and the documents submitted herewith.

- (b) The present Grievance has been intimated to the Distribution Licensee in the form and manner and within the time frame prescribed by the Distribution Licensee and I/ We are not satisfied by the remedy provided by the Distribution Licensee or no remedy was provided within a period of two (2) months from the date of original intimation.
- (c) The subject matter of the present Grievance has never been submitted to the Forum by me/ or by any one of us or by any of the parties concerned with the subject matter to the best of my/ our knowledge.
- (d) The subject matter of my / our Grievance has not been settled through the Forum in any previous proceedings.
- (e) The subject matter of my / our Grievance has not been decided by any authority/court/arbitrator.

**OR**

The subject matter of my / our Grievance is pending since (please mention the date when the matter was filed) ..... before ..... (\*Please mention the name of the authority/court/arbitrator before whom the Grievance is pending) and the proceedings are likely to take time for being finally adjudicated

Yours faithfully



(Signature)

CHOUGLE MOHAMMAD RAFAE UMAR

(Consumer's name in block letter)